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John Devaney, Caroline Bradbury-Jones, Rebecca J. Macy, Carolina Øverlien, Stephanie Holt

Interventions for children and young people who have experienced domestic violence and abuse

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Åsa Källström

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Introduction

Children exposed to domestic violence are at heightened risk of developing problems such as post-traumatic stress, anxiety, depression, other emotional or behavioural problems, and difficulties in school or with social relationships (e.g. Kitzmann, Gaylord, Holt, & Kenny, 2003; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). Furthermore, children exposed to domestic violence are at increased risk of physical abuse and other forms of maltreatment (e.g. Appel & Holden, 1998). Hence, limiting the consequences of such exposure is of utmost importance.

However, children’s reactions to being exposed to domestic violence vary widely. Some muster the resilience to deal with it and overcome their experiences without suffering long-term harm (Howell, 2011; Levendosky, Huth-Bocks, & Semel, 2002). Others are affected to a greater extent, but are subsequently able to recover using their own resources. As an example, domestic violence seems to affect the psychosocial well-being of teenagers less than that of younger children, perhaps because teenagers are better able to avoid the violence, or have greater emotional distance to their parents (Levendosky et al., 2002). There are, however, indications that experiencing domestic violence in early childhood can have consequences such as emotional and/or behavioural problems also in one’s teenage years and even early adulthood (Cater, Miller-Graff, Howell, & Graham-Bermann, 2015; Moylan et al., 2010).

In addition, in Norway, witnessing domestic violence during childhood has been found to increase the risk of later being violently victimized by a teenage partner (Hellevik & Øverlien, 2016). In the USA, witnessing violence between parents has been found to predict dating violence among black, but not white, adolescents (Foshee, Ennett, Bauman, Benefield, & Suchindran, 2005). Given the diversity of children’s and young people’s experiences of and reactions to domestic violence, the need for professional intervention varies among them. This chapter focuses on how well interventions match the needs of children and young people.

Although children who have been exposed to domestic violence and abuse are sometimes described as witnesses, they are rarely mere (passive) victims. Rather, their understanding of the situation may shape the impact the violence has in their lives (Graham-Bermann, Cater,
Miller-Graff, & Howell, 2017). How children and young people interpret and understand their experiences of domestic violence can be influenced by talking to other people. One way to prevent or reduce some of the problems is therefore to provide them with an opportunity to talk about their experiences (Cohen, Mannarino, & Iyengar, 2011; Graham-Bermann, Kulkarni, & Kanukollu, 2011). But what specifically do they need to talk to professionals about? And how should such talk be designed?

This chapter aims to discuss and analyze (1) how varying experiences of domestic violence affect children’s and young people’s need for professional support and interventions, (2) particular needs to be addressed in interventions, (3) the intervention models currently available, (4) what we can learn from children and young people about what they value in support interventions, and (5) challenges to developing and implementing interventions for them.

How children’s and young people’s varying experiences of domestic violence affect their need for professional support and interventions

The risk of children’s and young people’s health, well-being, and development being adversely affected increases with the seriousness of the domestic violence they have experienced and the length of time that it has persisted (Kitzmann et al., 2003); however there are other characteristics of the violence that also seem crucial for children’s and young people’s needs.

So-called intimate terrorism, typically male-perpetrated, frequent and severe physical assaults combined with power, domination and control tactics, tends to instil in victims a constant sense of imminent danger (e.g. Johnson, 2008). Children living with intimate terrorism perpetrators may be used as tools in the violence, with the attachment between mother and child being used as a means of controlling them (Johnson, 2008). For children, fathers’ unidirectional violence entails a risk that it is particularly severe, including more serious threats, damage, and neglect of the child’s basic needs (Miller, Cater, Howell, & Graham-Bermann, 2014). In contrast, so-called situational couple violence is typically not embedded in a pattern of control, but occurs in particular situations that are experienced as provoking and/or of one or both partners using violence to handle conflicts (Stith et al., 2001; Johnson, 2008). For children, bidirectional domestic violence may entail a longer duration of exposure (Miller et al., 2014). Thus, coercive control, including tactics intending to intimidate, humiliate, and exploit an intimate partner, seems central to what domestic violence means for children and young people.

To understand how such patterns are related to children’s and young people’s needs, however, it is important to also understand variations in how they perceive such violence. For children, a strong and supportive relationship with a non-abusive mother supports their resilience to domestic violence. Lower levels of coercive control within a perpetrator’s/father’s use of domestic violence seem to enable mothers and children to stay closer to each other (Katz, 2019). Thus, controlling behaviour is an important factor in screening and assessing the quality of mother–child relationships and what harms them, and tailoring interventions to reverse such harms.

Furthermore, although the typologies of domestic violence briefly described have been widely utilized and validated in the literature on adults, and much is known about the impact of domestic violence on children, few empirical studies have linked these typologies to children’s exposure. One study that links these typologies to a child perspective is Øverlien’s (2013) analysis of interviews with children expressing strong feelings of fear in relation to the characteristics of intimate terrorism. The study found that this approach to categorizing domestic violence generated a more nuanced understanding of how and why children are differently affected by it.
Overlien thus contributed a new perspective that illustrates the importance of identifying differen-
tes in children’s descriptions of violence and categorizing patterns of violence in relation
to children’s experiences.

Another qualitative study (Cater & Sjögren, 2016) uses the typologies described earlier as an
analytical framework for exploring patterns in children’s descriptions of the violence they have
experienced. Three main types of children’s experiences of domestic violence were identified.
For children experiencing “obedience-demanding violence”, occurring because the father does
not get his way, the violence becomes closely connected with the necessity of complying with
the father’s demands. Thus, they may particularly need help handling feelings of guilt about
not being able to prevent the violence, despite constantly trying to act in accordance with the
father’s wishes. Other children described experiencing “chronic and mean violence”, which
consists of severe and escalating violence that is a result of the father’s malicious personality
and thus is impossible for them to avoid. These children may particularly need help to handle
living in constant fear. Yet other children described “parenthood-embedded violence”, which
was particularly closely related to the perpetrator being their father, as the violence seemed
overshadowed by the positive role their father plays – or could play – in their lives. These chil-
dren may particularly need help to avoid sympathizing with the perpetrator’s viewpoint and
minimizing his violence, and handling the difference between the father they have and the one
they wish they had.

Thus, understanding differences in domestic violence from children’s perspectives can tell us
something about their needs when it comes to professional intervention. Additional research on
what different types of domestic violence mean for children’s and young people’s needs could
be a next step in developing services.

**Particular needs to be addressed in interventions**

In designing interventions for these children and young people, it is also important to consider
what factors mediate the relationship between exposure to domestic violence and developing
emotional and/or behavioural problems. Recovery is generally easier if parental contact is safe
and the child experiences adequate physical and emotional security, structure and boundaries
that provide some predictability, strong ties to a parent or sibling, and a sense of not having to
care for or be responsible for a parent (Bancroft & Silverman, 2004). In other words, ending
conflicts and violence is of central importance for children’s recovery opportunities and favours
their development. However, intervention programmes cannot always guarantee that the vio-
ence will end.

Psychological stability, good social skills, respect and empathy for others, and being able
to manage stress seem to be beneficial for children’s resilience (Geffner, Igelmann, & Zellner,
2003). It also benefits from positive self-confidence, and a sense of control over their life and of
hope for the future (Geffner et al., 2003; Guille, 2004). Further, it may be easier for children
to recover if they have developed an understanding of the experience that is coherent, not
distorted and not self-pathologizing or characterized by guilt (Gorell Barnes, 1999; Papadopou-
lou & Byng-Hall, 1997). Feelings of responsibility, guilt, and self-blame may hamper children’s
and young people’s resiliency (Geffner et al., 2003; Grych, Fincham, Jouriles, & McDonald,
2000; Guille, 2004). Nevertheless, some children and young people are blamed for the violence
in their families (Ablow, Measelle, Cowan, & Cowan, 2009; Kim, Jackson, Conrad, & Hunter,
2008). Graham-Bermann et al. (2017) found that young people subjected to domestic violence
who believed during childhood that the perpetrator used violence in a cruel or sadistic manner
or to punish the child had greater problems later in life with anxiety, traumatic stress, and use of
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aggression than those who believed that the violence was due to the perpetrator being distressed or concerned about finances, or debilitated in some way.

While the importance of parental warmth may be an aspect to convey to parents when working with them, children's and young people's beliefs about the reasons behind the violence and their own role in relation to it seem particularly central to interventions aimed directly at the children.

The intervention models currently available

A key factor for resilience and coping is social support, for example in the form of access to a non-abusive parent or other adult support person with whom one has a positive relationship (Geffner et al., 2003; Guille, 2004; Osofsky, 2003). One important aspect that interventions sometimes can address is the quality of child-parent relationships. Domestic violence tends to disrupt those relationships (Letourneau et al., 2007). When possible, however, warm mother-child and father-child interactions have been found to play a key role in long-term resilience for those subjected to domestic violence during childhood (Collishaw et al., 2007; Miller, Cater, Howell, & Graham-Bermann, 2016). A systematic review of the literature examining the effects of interventions designed to address parenting among women affected by domestic violence suggested, however, that it is not yet clear what interventions or intervention components are most effective in addressing the unique needs of these women (Austin, Shanahan, Barrios, & Macy, 2017.)

However, children and young people may need opportunities to talk with a professional about their experiences (Broberg et al., 2011). In recent decades, different support programmes have been developed to offer children and young people access to social support. These often focused on helping them achieve a reasonable understanding of the domestic violence they have experienced. Being able to tell about their experiences can reduce or prevent symptoms such as behavioural problems (Jouriles et al., 2009) and post-traumatic stress syndrome (Graham-Bermann, 2001). Many programmes have common components or themes like education about domestic violence, promotion of open discussion of the children's experiences, development of coping and problem-solving skills, exploration of attitudes about domestic violence, safety planning, reducing trauma symptoms, and improving psychological well-being and self-esteem (Anderson & van Ee, 2018; Rizo, Macy, Ermentrout, & Johns, 2011).

Based on a comprehensive literature review and a critical analysis of the literature on interventions that either directly or indirectly target children exposed to domestic violence, Rizo et al. (2011) identified four categories of interventions: counselling/therapy, crisis/outreach, parenting, and multicomponent intervention programmes. Many of these can be considered secondary preventive support programmes. Secondary preventive interventions are aimed at individuals who have been exposed to some type of hazard – like domestic violence – associated with an increased risk of negative development (Weisz, Sandler, Durlak, & Anton, 2005). The aims of these programmes are to promote healthy development despite the children's experiences and to reduce the risk for future problems. This means that the programmes are offered to a wide variety of children and young people with different or no symptoms. A few intervention approaches for children who have been exposed to domestic violence have been relatively rigorously assessed and are more or less considered evidence-based.

One of these is Child Parent Psychotherapy (CPP), developed by Lieberman and Van Horn, which is aimed at preschool-aged children traumatized by, for example, domestic violence. A therapist helps the child and parent/s with their interactions. Findings have provided evidence of the efficacy and durability of CPP after one year of the intervention for traumatized
3–5-year-olds, compared to case management plus community referral for individual treatment (Lieberman, Ippe, & Van Horn, 2006).

Project Support (PS), an intensive home-based intervention targeting parenting and maternal distress, was developed by Jouriles and McDonald to support mothers subjected to domestic violence whose children (3–9 years) have developed conduct problems. Families who received PS services, which included teaching mothers child-management skills and providing them with instrumental and emotional support, showed greater reductions in mothers’ perceived inability to manage childrearing responsibilities, mothers’ reports of harsh parenting, and observations of ineffective parenting practices than families who received the usual services offered for child-conduct problems (Jouriles et al., 2009).

Trauma-focused cognitive behavioural therapy (TF-CBT) is a psychotherapeutic intervention for children suffering from post-traumatic stress. Developed by Cohen, Deblinger, and Mannarino, it includes strengthening of the parent’s ability to support the child in parallel with therapeutic conversations with the child. It comprises 12–16 sessions with nine components designed to gradually expose the child to the traumatic situation. It has been found effective in significantly reducing symptoms of post-traumatic stress and other emotional problems in children aged 3–11 years (e.g. Mannarino, Cohen, Deblinger, Runyon, & Steer, 2012; Scheeringa, Weems, Cohen, Amaya-Jackson, & Guthrie, 2011).

Kids’ Club is a group format programme for children exposed to domestic violence, and their mothers. The method was developed by Graham-Bermann and consists of ten 60-minute weekly sessions for groups of children 6–12 years of age and their mothers. The children’s intervention is designed to strengthen their sense of safety and help them manage emotions and conflicts. The programme for mothers focuses on building empowerment and safety by educating them about power and control and discussing ways to break cycles of domination. It has been found to be successful in reducing children’s externalizing and internalizing of problems, particularly when the children’s programme is combined with parallel sessions for the victimized mother (e.g. Graham–Bermann & Miller, 2013).

In the USA and Canada, the development of programmes has been going on the longest, but more and more activities are emerging in Europe (see Humphreys et al., 2000; Humphreys & Mullender, 2000; Mullender & Morley, 1994). However, the conducting of evaluations (especially RCT studies) of services targeting this specific group of children is surrounded by many practical and ethical challenges, which is why strong evidence is still limited. Furthermore, careful consideration is needed when transferring programmes between cultures that differ when it comes to such things as expectations on fathers, child custody legislation and traditions after separation, and whether NGOs or public services typically provide such support.

The nature of the intervention models currently available – and possible ways forward

Mullender et al. (2002) identify some key factors in support efforts that can help children cope with their situation: (1) that they are listened to, kept informed, and taken seriously; and (2) that they are invited to actively take part in finding solutions and making decisions. Such interventions can be done individually or in groups, be more or less structured, and getting children involved can be done through games, role playing, or conversation.

Talking in groups is a common form of support intervention. McAlister Groves (1999) points out that groups can break children’s (perceived) isolation and give them the opportunity to share their experiences with others who have similar experiences. For older children and teenagers, groups may be particularly suitable, as peer relationships are especially important, and

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it is possible to discuss violence in dating relationships as well as attitudes to sexism, power, and control. Jaffe, Wolfe, and Wilson (1990) suggest that a group method is best for children who have more highly developed reflective capabilities. For preschoolers, McAlister Groves (1999) instead recommends individual intervention models combined with parenting efforts.

However, group interventions may not be sufficient for these children. First, it can be difficult to offer group interventions. In small municipalities, it may be difficult to gather enough children of suitable ages. Furthermore, language difficulties can inhibit group conversations. Factors pertaining to some children may also require special consideration. For example, children who have experienced violence from their mothers or who have been subjected to sexual abuse may perceive the group as yet another arena for exclusion, similar to what children with a different cultural background than the other children and group leaders may experience. There may also be other risks associated with group dynamics; for instance children with more difficulties may influence children who have held up better despite having experienced similar events, children may be “forced” to relive a potentially traumatizing event before they are ready, and children’s experiences may be pathologized by tacitly or openly conveying the assumption that they “should” lead to worry or ill health. Therefore, it is necessary to assess these risks before offering group interventions to a child.

When assessing a child's support needs, it may be important to find out the specific experiences the child has had and to use a trauma-screening tool. Some of these children's problems come to the knowledge of adults and professionals in direct connection with the mother's actions, for example, reporting the father, moving to a domestic violence shelter, or otherwise seeking help. Other problems only come to the knowledge of adults and professionals after long periods of trying to deal with the children's problems within the family and with the help of their natural network. Therefore, many researchers have pointed out that “one size does not fit all” (Jaffe et al., 1990; Prinz & Feerick, 2003). In other words, when we have a particular support model in front of us, we have to ask ourselves: what children do we think this particular intervention model can suit? Is it those children who are suffering from traumatization, or those showing other signs of emotional difficulties? Should the same programme be offered to children who (also) display controlling and aggressive behaviours? Should children who do not show feelings or behaviours that can be consequences of violence be offered the same intervention (cf. Silvern, Karyl, & Landis, 1995)? Further, for the sake of further practice development, studies are needed of the value of any specific intervention method's characteristics in relation to common therapeutic factors, such as the group leader's warmth, empathy and judgement, and in relation to other interventions and forms of support for these children and their mothers.

Research consistently finds that common (or general) therapeutic factors (rather than method-specific ones) are crucial for intervention success (Bohart et al., 2002). One central common factor is the quality of the relationship between helper and helped (Bohart et al., 2002; Norcross, 2010). This seems also to be relevant for children exposed to domestic violence, because the children expressed the most appreciation for aspects of treatment that are not intervention-specific, but rather curative components of treatment in their own right (Pernebo & Almqvist, 2016). Similarly, Källström and Thunberg (2019) found that young people who had experienced domestic violence described how important it was to them that the adult counsellor listened to them and accommodated their wishes and needs. Thus, such common factors may constitute important conditions that enable these children and young people to benefit from specific interventions or techniques, but which so far have been overlooked in practice-development and research. However, communicating acceptance of the helped person’s experiences may be particularly difficult when the experiences have to do with family violence. Eriksson (2003) found that for some family-law social workers, professional ideals prescribing
distance, objectivity, and (gender) neutrality made it seem partial to take a victim at face value and (initially) act upon statements about subjection to violence, but impartial to (initially) take the accused fathers’ denial of violence at face value and let it be the basis for (non)action (to protect). Hence, they handled fathers’ violence within norms that make a certain level of violence from fathers acceptable, and distrusted mothers’ narratives of child sexual abuse.

Some argue that although not all children and young people exposed to domestic violence are traumatized, interventions offered to them must be trauma-informed. Trauma-informed services or programmes are ones that recognize and respond to the impact of traumatic stress on children, caregivers, and service providers, understand how trauma shapes a client’s fundamental beliefs about the world and affects his or her psychosocial functioning, and incorporate principles to avoid reproducing unhealthy interpersonal dynamics in the helping relationship. They can be integrated into models of evidence-based services across populations and agency settings to strengthen the therapeutic alliance and facilitate post-traumatic growth (Levenson, 2017). However, Berliner and Kolko (2016) remind us that it is still not proven that trauma-informed practice actually makes a difference, that is, improves the lives of the children subjected to harm.

Despite the previously described interventions’ positive results for most children, other children do not improve, and their trauma symptoms may even increase during or after an intervention (Broberg et al., 2011). This can possibly be explained by variations in the needs of children exposed to domestic violence (cf. Prinz & Feerick, 2003; Wolfe et al., 2003). It could also be a result of some children being hesitant to talk about their experiences of domestic violence because they have been explicitly or implicitly silenced, think they should protect their mothers, or simply do not want to speak (cf. Mullender, 2006). Encouraging and facilitating the disclosure of shameful symptoms and related behaviours has been found to have positive implications for the effectiveness of treatment (Hook & Andrews, 2005). Specifically, Graham-Bermann et al. (2011) found that children who spontaneously disclosed traumatic events exhibited a significantly greater change in both their internalization of problems and their understanding of the unacceptability of family violence after intervention, and that children who were actively involved and engaged during the intervention were more likely to disclose their experiences. Based on these findings, Graham-Bermann et al. (2011) call for research that sheds light on whether intervention programmes should help children to better engage with therapeutic activities.

**What we can learn from what children and young people value in support interventions**

For children and young people willingly to engage in intervention activities, the activities must appear meaningful to them. Yet, we know only a little about what children and young people exposed to domestic violence value in support interventions and themselves judge that they need. This section outlines what we can learn from children and young people about how to design and set up such programmes.

Preschool-aged children who had participated in group programmes for children exposed to domestic violence described the treatment sessions as a safe place to have fun and meet others, and a place where they can talk about distressing matters and gain new abilities (Pernebo & Almqvist, 2016). Pernebo and Almqvist suggest the experience of joy being evident in all interviews may be because the group format offers a setting that normalizes experiences and reactions as well as participation in treatment, and furthermore prevents alienation from peers while offering training in social skills. The intervention programme had taken precautions to avoid destructive interaction between the children by having only 4–6 children and two experienced
Pernebo and Almqvist stress that the aspects which the children expressed the greatest appreciation of – joy, security, and relatedness – are not specific to the intervention programmes, but rather conditions that permit the children to benefit from specific interventions or techniques.

Among children aged 7 to 10, issues of agency, choice, and intersecting identities seem central to how they experience recovery after domestic violence (Beetham, Gabriel, & James, 2019). Power relations that “infantilize” children, treat them as “objects” or position them in a “needs” discourse can be (re)negotiated by children. Thus, children play an active role in how they negotiate relational encounters and contexts in their recoveries. These children’s experiences of activities, and their articulations of agency and choice were relational, which shows that having experienced domestic violence is not the only foundation of the children’s sense of self. Beetham et al. therefore suggest that it is crucial to offer children a means by which to explore and express feelings about their experiences of violence and make decisions about how and when they want to talk about their experiences, as well as to explore and value other aspects of their identities. They further argue that “readiness to engage” must be evaluated contextually, and choice and consent must be treated as relational, ongoing and open to the possibility of change. It is thus crucial that children are consulted in inclusive ways in order to contribute to the development and accessibility of services designed to support them when they have been affected by domestic violence.

Children between 9 and 13 years of age who described the domestic violence they had experienced as a horrifying experience perceived talking about the violence as a positive, if sometimes distressing, experience that made a real difference in their lives; whereas children who preferred not to think about the violence did not see much need to talk about it or benefit in talking about it (Izaguirre & Cater, 2018). Thus, even if talking to professionals is an important source of support, not all children feel they need or want to do so. Izaguirre and Cater stress, however, that it is crucial that professionals distinguish between those children who are so severely affected by the violence that they cannot talk about it and those who do not want to talk about it because they were not very strongly affected by it.

Among young people between 12 and 19 years of age, the most valuable aspect of a counselling relationship was to feel equal to other people (Källström & Thunberg, 2019). The young people valued having the right to influence sessions, to have healthy relationships, and to feel a sense of normality and pride. This is understandable, given that subjection to violence is an extreme form of an unequal power balance and subordination, and being treated as an equal could be seen as a direct contrast to what it is like to live under conditions of pervasive and continuous control. The younger teenagers more commonly valued having the opportunity to rest from talking about the violence, while the older ones more commonly described valuing being treated almost like adults. They described how important it was to them that the adult counsellor listened to them and accommodated their wishes and needs, and that the counselling relationship was flexible and empathic. Källström and Thunberg suggest that counsellors need to be particularly flexible with young people exposed to violence, in order to enable them to exercise their autonomy and thereby reduce the power inequality built into the counsellor-client relationship, and in order to counteract their narrowed space for action.

Taken together, these studies suggest that younger children exposed to domestic violence may value relationships with other children in counselling, while older children and young people may value being treated as equals by the adult providing the support. How can these requests be met in practice? Children and young people aged 4–19 years who had received interventions for children exposed to domestic violence describe how participation processes in the different phases of the intervention are related to three prerequisites for children actually to receive the
intervention offered, namely that the child must (1) get in contact with the unit, (2) start the intervention process, and (3) actually talk about the violence (Cater, 2014). For some children and young people, being provided with information about services, receiving opportunities to participate in the decision to start an intervention, and being able to inform themselves about it step by step, may be crucial for their willingness to talk about the violence and for their retrospective experience of the intervention. In addition, if counsellors limit children’s opportunities to influence how the counselling is carried out, they may take the (more drastic) choice of dropping out. Thus, while children’s and young people’s experiences of domestic violence may call for particular flexibility, individual adaptation and attention to common factors, it may be particularly important that groups arranged for younger children provide positive child–child relationships and that counselling for teenagers provides a sense of equality in the youth–adult relationship.

**Challenges to interventions for children and young people with experiences of domestic violence**

The development and implementation of intervention programmes for children and young people exposed to domestic violence are affected by several specific challenges. First of all, some mothers who seek help and support on behalf of their children remain with the violent man, and it can be difficult to determine if the threat – whether actual or as perceived by the child – has really ended. And if the violence or threat of violence remains part of the children’s lives, they may not be able to make use of the intervention offered to them (Broberg et al., 2011).

Another significant challenge is the fact that many children and young people hide their “secret” from everyone because if others found out the shame would be devastating. One possible result of living with the shame that domestic violence entails for many children is that their self-esteem is damaged (Holt, Buckley, & Whelan, 2008; Kitzmann et al., 2003). This is a challenge in two ways. First, it means that children and young people may refrain from seeking the help they need. As an example, Howell, Cater, Miller-Graff, and Graham-Bermann (2015) found that that roughly half of young Swedish adults retrospectively reported confiding in someone about the domestic violence they had witnessed as children. This rate is in line with findings of the only other study to examine domestic violence disclosure among youth (Graham-Bermann et al., 2011). Secondly, as described earlier, this may mean that children do not talk about the violence while in a programme.

The research on the effectiveness of intervention programmes would benefit from more uniform effect measures to enable comparisons of results from studies of different types of interventions. Such studies need to have sufficient numbers of participants, control groups, and longer follow-up times than are normally used. Further, studies of dropout and of change moderators are warranted. More studies are also needed about children’s and young people’s experiences of interventions. Questions to which we particularly need to find answers are: when do children need an intervention? As soon as possible, before thought structures that lead to incomprehension, fear, and guilt become established in the child’s consciousness? Is it more important that the child’s life situation is stabilized, for example after moving away from the perpetrator? And is it more important for a child receiving intervention, individually or in groups, that the perpetrator is involved in and participates in the treatment, so that – through personal development and in the best case by taking the blame – the perpetrator can help the child through the process? Or is it better for the child to avoid the threat posed by the perpetrator, because treatment is only meaningful when you can guarantee that the child will not be confronted with the perpetrator during the treatment period?
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It is possible that these questions must be answered using intersectional analyses to bring attention to possible differences in race, gender, (dis)ability, and age among children and young people who have experienced domestic violence. The research on which this chapter is based is largely limited to North American, Canadian, and European settings. It is likely that interventions have been developed and tested, and important knowledge developed, that has only been published in a language other than English, and hence is not included in this chapter. The field would benefit from also being able to draw conclusions from such studies. Finally, it is likely that support is not equally available to all children within societies. Some parents have limited knowledge about the availability of support and how society works, and some fear deportation or intervention by the child protection services. Research about the impact of financial and social resources on the availability of services for children and young people who have experienced domestic violence could possibly help us develop more inclusive systems for support provision.

Conclusions

Several conclusions can be drawn from this chapter. Some aspects reported warrant practical as well as academic attention. First, because children who have experienced violence may particularly need help to overcome perceptions that a relative perpetrated the violence out of hatred toward the child or as punishment, to become free from feelings of guilt and self-blame, and to be able to feel warmth from a parent, these aspects need to be included in programme development and addressed in evaluations. Secondly, because typologies of domestic violence can help us understand the differing needs among children and young people, empirical studies linking children’s exposure to violence with such typologies as well as programmes actively and explicitly addressing children’s varied experiences of domestic violence are warranted. On a more general note, because common factors may constitute important conditions that enable these children and young people to benefit from specific interventions or techniques, they need to be included in practice development and research about these children. Programme development and research on how the needs of children exposed to domestic violence can best be met in services would plausibly also benefit from learning from evaluations of services and programmes directed at children subjected to direct physical abuse or other forms of maltreatment in their family.

This chapter shows that understanding differences in domestic violence from children’s perspectives can tell us something about their need for professional intervention. Assuming that for children and young people willingly to engage in intervention activities the activities must appear meaningful to them, the chapter suggests that the next steps for programme development include balancing a child’s need to talk against the value of respecting the child’s integrity and matching interventions with individual needs. Balancing a child’s need to talk about the violence against the value of respecting the child’s personal motivation and preferences is an especially delicate task for adult practitioners, and is necessary if they are to achieve the most beneficial outcome in interventions with this particular group. Because many currently available programmes are devoted to a wide variety of children and young people with different or no symptoms, particular attention needs to be paid to matching interventions to individual needs. In addition, a particular challenge for services is that they cannot always guarantee that the violence will end. Based on the research in this chapter, I suggest that the next steps for programme development should include finding additional ways to acknowledge young people’s demands for flexibility and their need (and right) to make their own decisions; help service providers/staff protect children from domestic violence, use common factors to stimulate children and
young people to disclose/talk about the violence without pressuring them, deal with group dynamics, and match interventions to the individual needs in rural areas.

Finally, many questions remain that need to be answered. Specifically, more research is needed that addresses which interventions or intervention components, including common factors, are most effective in addressing the unique parenting needs of women subjected to domestic violence, as well as the varying individual needs of their children. It is also worth empirically investigating whether manuals that strike a different balance between techniques on the one hand, and common factors such as flexibility, acceptance, and empathy on the other, suit different service-providing settings. Future research should include empirical investigations of how programmes developed and evaluated as supported by good evidence in North America can be transferred to other cultural settings. In addition, programmes developed in Europe, for example, should be disseminated in English, in order to enable cross-cultural learning.

Critical findings

• Typologies of domestic violence can help us understand the different needs of children and young people.
• A particular challenge for services is that they cannot always guarantee that the violence will end.
• Children who have experienced violence may particularly need help to overcome perceptions that a relative perpetrated the violence out of hatred towards the child or as punishment, to become free from feelings of responsibility and self-blame, and to be able to feel warmth from a parent.
• Programmes evaluated as having robust designs and good results are available, but strong evidence is still limited outside North America, and transferring programmes between cultures requires careful consideration.

Implications for policy, practice, and research

The next steps for programme development should include finding additional ways to:

• Acknowledge young people’s demand for flexibility and their need (and right) to make their own decisions.
• Help service providers/staff protect children from domestic violence.
• Use common (or general) therapeutic factors to stimulate children and young people to disclose/talk about the violence without pressuring them, and deal with group dynamics.
• Match interventions to the individual needs of children and young people in rural areas.
• More research is needed that addresses which interventions or intervention components are most effective in addressing the unique parenting needs of women subjected to domestic violence, as well as the varying individual needs of their children.

References

Interventions for children, young people


Åsa Källström


